



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and
Substance Abuse Services**

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Michael Moseley, Director

August 10, 2004

MEMORANDUM

TO: Area Program Directors
Area Program Quality Improvement Staff
Area Program Provider Relations Staff
Area Program Service Management Staff

FROM: Michael Moseley

THROUGH: Flo Stein, Chief, Community Policy Management Section

**RE: Interim Steps for Implementing Permanent Rules 10A NCAC 27G .0600
Regarding LME Monitoring of Facilities and Services (SB163)**

This memo is a follow-up to the DMH/DD/SAS memo, dated June 30, 2004, on implementing the permanent rules for local monitoring of providers. The purpose of this memo is to provide further details on the interim steps for implementing the permanent rules.

It is the responsibility of the LMEs to ensure that all providers of publicly funded mh/dd/sa services in their catchment areas are aware of these requirements.

**Relationship between the Incident Response System and Requirements for
Reporting Deaths to DHHS**

The permanent rules regarding incident response set forth procedures and mechanisms for reporting serious adverse events to the LMEs and to the DHHS, as described in the June 30, 2004 memo. This incident response system is designed to merge reporting of incidents with the reporting of deaths to DHHS, as required by 10A NCAC 26C .0300. However, the permanent rules regarding incident response do not alter or supercede the requirements for reporting deaths.

In most cases the reporting of deaths as Level III incidents satisfies the requirement for reporting deaths to DHHS. Please note the following exceptions:



- (1) Deaths within 7 days of restraint or seclusion must be reported immediately, as per 10A NCAC 26C .0300. Providers have 72 hours to report all other Level III incidents and reportable deaths.
- (2) Deaths from natural or unknown causes are considered Level II incidents and need to be reported only to the host LME, and if required by contract, to the consumer's home LME. These deaths do not need to be reported to DHHS.
- (3) All Level III incidents, including Level III deaths, must be reported to DMH/DD/SAS.
- (4) Only Level III incidents involving death must be reported to DFS (Complaint Intake Unit), and only by providers licensed under G.S. 122C. *NOTE: This is a change from directions given under Interim Steps in the June 30, 2004 memo.*
- (5) The LME should report as a complaint any licensure issues identified during review of incident reports to the DFS Complaint Intake Unit.

The following table summarizes the requirements for reporting Level III incidents and reportable deaths.

To satisfy Administrative Code Requirements for:

	10A NCAC 27G .0600	10A NCAC 26C .0300
Consumer death from: <ul style="list-style-type: none"> ▪ Natural cause ▪ Unknown cause 	<ul style="list-style-type: none"> ▪ Must be reported as a Level II incident to the host LME within 72 hours ▪ Must be reported to the consumer's home LME <u>only if</u> required by contract 	<ul style="list-style-type: none"> ▪ Is not reported to DHHS
Consumer death from: <ul style="list-style-type: none"> ▪ Homicide ▪ Violence ▪ Accident ▪ Suicide 	<ul style="list-style-type: none"> ▪ Must be reported as a Level III incident to the host LME, consumer's home LME, and DMH/DD/SAS Quality Management Team within 72 hours 	<ul style="list-style-type: none"> ▪ Must be reported to DMH/DD/SAS Quality Management Team within 72 hours ▪ Must be reported to the DFS Complaint Intake Unit within 72 hours, only by providers licensed under G.S. 122C
Consumer death: <ul style="list-style-type: none"> ▪ within 7 days of being restrained or placed in seclusion 	<ul style="list-style-type: none"> ▪ Must be reported as a Level III incident to the host LME, consumer's home LME, and DMH/DD/SAS Quality Management Team <u>immediately</u> 	<ul style="list-style-type: none"> ▪ Must be reported to DMH/DD/SAS Quality Management Team <u>immediately</u> ▪ Must be reported to the DFS Complaint Intake Unit <u>immediately</u>, only by providers licensed under G.S. 122C

Incident Reporting Contacts

The LMEs are responsible for ensuring that providers in their catchment areas receive information on how to report incidents. This information should include a mailing address and fax number, as well as telephone and email contact information. Note that incident reports



include confidential health information and may only be submitted electronically if the information is secured by encryption or other means.

Incident reports to the DHHS, as outlined in the table above, should be submitted to the following addresses:

DMH/DD/SAS Quality Management Team
3004 Mail Service Center
Raleigh, NC 27699-3004
Fax: (919) 715-3604
Voice: (919) 733-0696
ContactDMHQuality@ncmail.net

DFS Complaint Intake Unit
2711 Mail Service Center
Raleigh, NC 27699-2711
Fax: (919) 715-7724
Voice: (800) 624-3004 or (919) 733-8499
Rita.C.Horton@ncmail.net

Monthly Reporting of Planned Monitoring Activities

The permanent rules regarding local monitoring of providers no longer require LMEs to report their upcoming plans for monitoring to the DHHS. Therefore, the June 30, 2004 memo stated that the LMEs must continue completing the tables about completed monitoring activities (*Follow up on Previous Monitoring and Explanation for Unresolved Deficiencies*) on the Monthly Provider Monitoring Report form that is submitted to DMH/DD/SAS each month, but may omit the first table of the form (*Planned Monitoring Activities*).

However, during a discussion at the Quality Improvement Forum hosted by the NC Council of Community Programs, LME staff expressed interest in sharing information about upcoming monitoring plans among LMEs, to help coordinate LME activities and information about providers who work with more than one LME. As a result of that discussion, LMEs have the option of continuing to complete the *Planned Monitoring Activities* table of the Monthly Provider Monitoring Report form. The DMH/DD/SAS Quality Management Team will provide any LME planned activities reported on the form to the NC Council for distribution among LMEs.

Any further questions regarding implementation of the permanent rules should be directed to:

Quality Management Team: (919) 733-0696 or ContactDMHQuality@ncmail.net

Accountability Team: (919) 881-2446 or Jim.Jarrard@ncmail.net

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